

PERSONNEL SECURITY ACTION REQUEST PACKET (MILITARY) (SECURITY SOP)		DATE:	
		OFFICE SYMBOL:	REQUEST NUMBER:
TO:	THRU:	FROM:	
NAME: (Last, First, Middle):		ALIAS/MAIDEN:	SSN:
ORGANIZATION:	MOS:	GRADE:	
ACTION REQUESTED (Check applicable items)			
a. Validation of existing security clearance (Copy of DA Form 873 attached) _____ b. Security TOP SECRET _____ SECRET _____ INTERIM _____ c. Investigation: NACLC _____ SSBI _____ SECRET-PR _____ TS-PR _____ d. Other: _____			
JUSTIFICATION FOR REQUEST: (complete applicable areas)			
Subject requires access to classified information based _____ Duty Position: _____ MOS: _____ The following duties: _____ Other: _____			
LOCAL RECORDS CHECKS (ATTACHED) REVEALED (circle one):			
_____ U S Citizenship verified by: Birth Certificate Born Abroad of US Parents: FS 240 FS 545 AE 360 1966/2 and 1966/5; or Naturalized Citizen: Certificate number _____ Date _____ Place _____ _____ No adverse information _____ _____ Adverse information contained in the following LRCs: _____			
Contact the following individual if additional information is required:			
NAME :	RANK:	PHONE NUMBER:	
UNIT COMMANDER			
_____ No unfavorable/adverse information. Subject is recommended for a security clearance _____ Unfavorable information is listed below: _____ _____ I have considered the above unfavorable information and it is my recommendation that subject should / should not (circle one) be considered for a security clearance.			
TYPED/PRINTED NAME OF UNIT COMMANDER	SIGNATURE:	DATE:	

PERSONNEL SECURITY RECORD CHECK (MILITARY PERSONNEL RECORDS JACKET)		
UNIT:	SECURITY MANAGER	SECURITY MANAGER PHONE:
THE FOLLOWING INFORMATION WAS OBTAINED FROM THE SUBJECT'S MPRJ:		
NAME: (Last, First, Middle):	SSN:	
ANY NAME CHANGES:	ALIAS/MAIDEN:	
MOS:	RANK:	
PLACE OF BIRTH:	DATE OF BIRTH:	
TIME LOST (circle one):		
NO YES		
REDUCTION IN RANK (circle one):		
NO YES (Provide copy of documentation)		
DOES THE DA FORM 1966 CONTAIN DEROGATORY INFORMATION (circle one):		
NO YES (Attach copy)		
MILITARY SERVICE DATES: List each enlistment and discharge to include delayed entry, USAR/ARNG time or Attach a copy of the ERB/ORB and 2-1:		
IS THE ORIGINAL DA FORM 873 IN THE MPRJ (circle one)		
NO YES (Provide copy of documentation)		
REMARKS:		
TYPED/PRINTED NAME OF CERTIFYING OFFICER	SIGNATURE:	DATE: